Filed for intro on 01/22/96 SENATE BILL 2379 By Crutchfield

HOUSE BILL 2364 By Turner (Ham)

AN ACT to amend Tennessee Code Annotated, Title 56, Chapter 7, Part 25, relative to certain health insurance benefits following the birth of a child.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 25, is amended by adding the following language as a new, appropriately designated section:

Section _____. (a) Every individual, franchise, blanket or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or health maintenance organization that provides maternity benefits and is delivered, issued for delivery, amended or renewed on or after July 1, 1996, shall provide coverage for a minimum of forty-eight (48) hours of in-patient care following a vaginal delivery and a minimum of ninety-six (96) hours of in-patient care following a caesarean section for a mother and her newly born child in a hospital licensed by the board for licensing health care facilities.

(b) Notwithstanding the provisions of subsection (a), a policy, plan or contract that provides coverage for post-delivery care in the home to a mother and her newly born child shall not be required to provide for a minimum of forty-eight (48) hours and ninety-six (96) hours, respectively, of in-patient care unless such in-patient care is

determined to be medically necessary by the attending physician or is requested by the mother. For the purposes of this section, attending physician shall include the attending obstetrician, pediatrician or the physician attending the mother or newly born child.

- (c) Each insurer issuing an individual, franchise, blanket or group health insurance policy, or each medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or health maintenance organization shall provide notice to policyholders, enrollees or subscribers regarding the coverage required by this section in accordance with this subsection and regulations promulgated by the commissioner of commerce and insurance. The notice shall be in writing and prominently positioned in any literature or correspondence and shall be transmitted at the earliest of:
 - (1) the next mailing to the policyholder, enrollee or subscriber;
 - (2) the yearly informational packet sent to the policyholder, enrollee or subscriber; or
 - (3) July 1, 1996.

SECTION 2. For purposes of promulgating rules and regulations, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes this act shall take effect July 1, 1996, the public welfare requiring it.

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